FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043629 (1)

THE DOLL HOUSE OF PENSACOLA, INC.

Principal Place of Business Mailing Address 11 EAST FAIRFIELD DRIVE 5808 MAPLETON ST. MILTON FL 32583-1778 PENSACOLA FL 32503 3. Date Incorporated or Qualified 3a, Date of Last Report 05/31/1995 09/26/1996 4. FII Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3315782 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A 81 SLEDD, GARY M 11 EAST FAIRFIELD DRIVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DPTS 🔲 DELETE 1) THU TITLE SLEDD, GARY M 1.2 NAME NAME 11 EAST FAIRFIELD DRIVE 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 1.4 C/TY - ST - Z/P CITY-ST-ZIP Change Addition DELETE TITLE 2.1.1011 SLEDD, GARY M NAME 2.2 NAME 11 EAST FAIRFIELD DRIVE 23 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 2.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-S1-7P CITY-ST-ZIP Addition DELETE Change 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAM NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - St - ZIP

54 CHY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the perporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Pleck 13 if changed, or on an attachment with an address.

Change

Addition

FILED

May 13 1997 8:00am

Secretary of State